

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3095

FILED FEB 2 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 840	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Tennessee b. COUNTY Dyer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dyersburg		40	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony's Hospital				d. STREET ADDRESS (If rural, give location) 840 N. Sampson		9	
3. NAME OF DECEASED (Type or Print) a. (First) Cynthia		b. (Middle) Elizabeth		c. (Last) O'Kelly		4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 8, 1899	
9. AGE (In years, months, days) 49		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Furniture Mfg.		11. BIRTHPLACE (State or foreign country) Hartselle, Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Hendon		13b. MOTHER'S MAIDEN NAME America Gregory		14. NAME OF HUSBAND OR WIFE Aubrey L. O'Kelly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 436-07-9445		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aaron Jones, 912 Midland, U.C., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF RECTUM WITH METASTASIS TO LIVER AND GASTRIC MESENTERY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 MOS.	
19a. DATE OF OPERATION Oct 1 1948		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF RECTUM WITH METASTASES (AS ABOVE)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from SEP 25 1948, to JAN. 28, 1949, that I last saw the deceased alive on JAN 27, 1949, and that death occurred at 1:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Henry T. Cooper M.D.				23b. ADDRESS 818 OLIVE ST		23c. DATE SIGNED 28 Jan 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-28-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Memphis, Tenn.	
DATE REC'D BY LOCAL REG. JAN 28 1949		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 30 1958

APR 29 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Frank J. Delaney

Licensed Embalmer No. *12645*

P. O. Address *P. O. Box 100*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.